U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 70 25	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	Name, file number, and address of labor organization.		
Name Keith Sklar	Name Actors' Equity Association		
	Labor Organization File Number 006-029		
P.O. Box, Bldg., Room No., if any 15th Floor	P.O. Box, Building and Room Number, if any 15th Floor		
Street 165 West 46th Street	Street 165 West 46th Street		
City New York	City New York		
State New York ZIP Code + 4 10036-2500	State New York ZIP Code + 4 10036-2500		
5. Position in labor organization. Business Representative			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Goodspeed Musicals	5/26/2004: Show Ticket* - "Call Me Madam"		
	*This is an obligation per the collective bargaining agreement with the employer to determine the performance duties of our membership. This access is complimentary per industry standard.		
P.O. Box, Bldg., Room No., if any PO Box. A	7.b. Amount.		
Street			
City East Haddam	\$65.		
State Connecticut ZIP Code + 4 06423			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed	On 08/08/2005 (212)869-8530		
	Date Telephone Number		
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Name of Person Filing Keith Sklar	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate doltar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	: :		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	: ;		
Street			
City			
State ZIP Code + 4	:		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Keith Sklar

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name if any). 5/26/2004: Show Ticket* - "All Shook Up" Name Goodspeed Musicals *This is an obligation per the collective bargaining agreement with the employer to determine Trade Name, if any: the performance duties of our membership. This access is complimentary per industry standard. P.O. Box, Bldg., Room No., if any PO Box A 7.b. Amount. Street \$41 City Bast Haddam State Connecticut ZIP Code + 4 06423

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name if any). 11/10/2004: Show Ticket* - "Mack & Mabel" Name Goodspeed Musicals *This is an obligation per the collective bargaining agreement with the employer to determine Trade Name, if any: the performance duties of our membership. This access is complimentary per industry standard. P.O. Box, Bldg., Room No., if any PO Box A 7.b. Amount. Street \$65 City East Haddam State ZIP Code + 4 06423 Connecticut

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name if any). 11/10/2004 : Show Ticket* - "Princesses" Name Goodspeed Musicals *This is an obligation per the collective bargaining agreement with the employer to determine Trade Name, if any: the performance duties of our membership. This access is complimentary per industry standard. P.O. Box, Bldg., Room No., if any PO Box A 7.b. Amount. Street \$41 City Bast Haddam State ZIP Code +4 06423 Connecticut

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Add New Part A

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